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# HEALTH CARE ACCREDITATION: INTRODUCTION

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To *accredit* means to give official authorization to or approval of, to provide with credentials, or to recognize or vouch for as conforming with a standard [1]. To accredit something is to believe or trust in it.

As applied to the health care system, accreditation can take several forms. Medical schools, where physicians begin their education, are accredited. Hospitals, where physicians train and work, are surveyed regularly and accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); almost every house officer will experience a JCAHO site visit at least once during his or her training. Managed health care plans, with which a growing number of physicians are affiliated, are increasingly seeking accreditation from the National Committee for Quality Assurance (NCQA) as a way to distinguish themselves from their competitors on the basis of quality. And, in a sense, when a physician receives a license to practice medicine in a state, he or she is being accredited (usually referred to as *credentialed* in this context).

Physicians may be affected by accreditation in different ways while in training or once in practice. They may be expected to follow protocols to comply with JCAHO safety standards, they may be encouraged to follow guidelines set forth by health plans to meet NCQA quality standards, and they may need to provide evidence of their training and licensure to meet credentialing requirements.

## Setting Standards for Quality Improvement and Measuring Results

The current state of health care quality in the United States is the focus of increasing attention from both inside and outside the health care system. Quality improvement efforts abound within the industry, as leaders of the movement seek to inspire a culture of quality among health care professionals. Quality "report cards" (ie, reports on the care provided by individual hospitals, health plans, and physicians) flood the mass media, as health care consumers increasingly demand quality care and accountability from health plans and providers.

The emphasis on improving and ensuring health care quality is warranted, as serious and pervasive problems have been documented [2]. In a 1998 health policy statement, the Institute of Medicine cited 3 types of quality problems: underuse of proven effective health care interventions (eg, failure to immunize children against preventable illness, failure to use effective therapies for myocardial infarction), overuse or use of inappropriate or unnecessary health care services (eg, prescribing antibiotics for colds, unnecessary surgery resulting in avoidable disability or death), and misuse of appropriate health care services (eg, fatal adverse drug reactions, medication errors). The latter issue of medical errors and unexpected adverse patient outcomes has spawned a recent public outcry for improved patient safety [3].

Several organizations are concerned with improving the quality of health care in the United States. These include professionally based, private sector accrediting bodies such as JCAHO and NCQA, federal and state regulatory agencies, the Foundation for Accountability (a consumer advocacy group), the Institute for Healthcare Improvement, and the American Medical Association's National Patient Safety Foundation [4].

Two of the major players in health care quality improvement are the subjects of the following articles. Both JCAHO and NCQA accreditation are recognized nationwide as symbols of a health care organization's concern for quality. Organizations seeking JCAHO or NCQA accreditation must comply with a set of clearly defined standards that represent safe, quality care. Thus, by requiring a health care organization to meet quality standards, the accreditation process serves as a stimulus for continuous quality improvement.

Inherent to quality improvement is the ability to reliably measure the quality of the care provided. Assessing quality is challenging; however, quality can be assessed through the use of specific, relevant *performance measures* [5,6]. Some performance measures address the *process of care*, such as the percentage of healthy women screened for breast cancer or the percentage of patients with congestive heart failure receiving angiotensin-converting enzyme inhibitors. Other performance measures address the *outcomes of care*, such as the number of amputations or the number of cases of renal failure or blindness that occur in a 1-year period in a population of patients with diabetes. It is believed that comparing performance measures across

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## SPECIAL FEATURE: ACCREDITATION

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providers or health plans and publicly reporting that information (eg, in the form of JCAHO and NCQA performance reports) will drive poor performers to improve the quality of care delivered or otherwise risk professional embarrassment or the loss of “customers” (eg, employer contracts, health plan enrollees) [7].

The following 2 articles introduce the reader to the JCAHO and NCQA accreditation processes and the ways in which physicians may be affected by or even involved in these activities as a means to improve the quality of care they provide.

### References

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